

TENNESSEE SINGLE STATE REGISTRATION SYSTEM

Uniform Application Form RS-1 For Single State Registration for Motor Carriers Operating Under Authority Issued By The Federal Motor Carrier Safety Administration (FMCSA)

REGISTRATION YEAR: _____

Motor Carrier Identification Numbers

FEIN/SSN: _____

US DOT No: _____

MC Docket No: _____

Principal Place of Business Address – A principal place of business is a single location that serves as a motor carrier's headquarters and where it maintains or can make available its operational records.

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Type of Registration: (Check one)

- ☐ New Carrier Registration – The motor carrier has not previously registered.
☐ Annual Registration – The motor carrier is renewing its annual registration.
☐ New Registration State Selection – The motor carrier has changed its principal place of business or its prior registration state has left the registration program.
The prior registration state was _____.

Type of Motor Carrier: (Check One)

☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Company

IF CORPORATION, PROVIDE STATE OF INCORPORATION: _____

List name of partners or officers:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Type of FMCSA Authority:

_____ FMCSA Certificate (Common Carrier) _____ FMCSA Permit (Contract Carrier)

Type of Motor Carrier Operation: (Check only one)

- _____ TRANSPORTER OF PROPERTY – Using freight vehicles with a gross vehicle weight rating of 10,000 pounds or more.
- _____ TRANSPORTER OF PROPERTY – Using only freight vehicles with a gross vehicle weight rating of less than 10,000 pounds.
- _____ TRANSPORTER OF PASSENGERS – Using vehicles with a seating capacity of 16 passenger or more.
- _____ TRANSPORTER OF PASSENGERS – Using only vehicles with a seating capacity of 15 passengers or less.
- _____ Gross Vehicle Weight Rating (GVWR) Statement – Under 10,000 pounds.

(FMCSA) Certificate(s) or Permit(s)

- _____ FMCSA Authority Order(s) **attached** for first year registration.
- _____ FMCSA Authority Order(s) **attached** for additional authority received.
- _____ No changes from prior registration.

Proof of Public Liability Insurance: (Form BMC-91X – Must be submitted by insurance company. (Check only one)

- _____ The applicant or its insurance company **will file** a copy of its proof of public liability security to the registration state.
- _____ The applicant or its insurance company has filed a copy of its proof of public liability security with the registration state and the insurance coverage as stated on that form remains in effect.
- _____ The applicant has an approved self-insurance plan or other security in full force and effect and the carrier is in full compliance with the conditions imposed by the FMCSA order. A copy of the FMCSA insurance order is attached or has previously been filed with the registration state.

Hazardous Materials: (Check only one)

- _____ The applicant will NOT haul hazardous materials in any quantity.
- _____ The applicant **will haul** hazardous materials requiring **\$1** million in Public Liability and Property Damage Insurance in accordance with Title 49 CFRS 0 1043.2.
- _____ The applicant **will haul** hazardous materials requiring **\$5** million in Public Liability and Property Damage insurance in accordance with Title 49 CFRS – 1043.2.

Designation of Process Agent: (Form BOC-3)

- _____ FMCSA Form No. BOC-3 and/or Blanket designation **attached** for new registration.
- _____ FMCSA Form No. BOC-3 and/or blanket designation **attached** reflecting changes of designation or process agents.
- _____ No changes from prior registration.

Certification:

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant.

Name (printed) _____ Date: _____
Signature _____ Title: _____